

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number

10/576,732

Filing Date

December 26, 2006

First Named Inventor

MAGAGNOLI et al.

Art Unit

1645

Examiner Name

J. Graser

Attorney Docket Number

PAT051836-US-PCT

ENCLOSURES (Check all that apply)

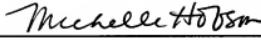
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board		
<input checked="" type="checkbox"/> Amendment/Reply (14 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a	<input type="checkbox"/> Appeal Communication to TC		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD			
<table border="0"> <tr> <td><input type="checkbox"/> Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table>			<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.
<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Dahna S. Pasternak		
Date	June 21, 2010	Reg. No.	41,411

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Patent and Trademark Office via EFS on the date shown below.

Signature			
Typed or printed name	Michelle Hobson	Date	June 21, 2010